DEP.			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.  BLIC HEALTH AND WELFARE 149  STATE FILE NOWSER	
DO NOT WRITE ON THIS STUB	AMEND	ED,	Registration District No	
V\$ 300 Rev. 4/59	AMENDED		1. PLACE OF DEATH  a. COUNTY Jackson  b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  c. CITY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. STATE Kansas b. COUNTY Johnson admission by C. CITY  Inside Line	n)
.	N N		TOWN Kansas City D.O.A. TOWN Overland Park Yes ED N	io 🔲
28150	DATE A		c. FULL NAME OF (If NOT in hospital, give location) D. O. A Inside Limits HOSPITAL OR INSTITUTION Menorah Medical Center Yes XI. No	
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yea (Type or print) Russell A Mann DEATH May 15 19	63
5 /			5. SEX   6. COLOR OR RACE   7. Married   8. DATE OF BIRTH   9. AGE (last birthday)   1F UNDER 1 YEAR   1F UNDER Notes   1F UNDER 1 YEAR	Min.
6	SMO		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Paint Business Montrose Missouri USA  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE	
ا مساد	FOLK		Arthur J. Mann Flora Debold Alda M. Mann	nsas
	AS		Yes, no, or unknown) (if yes, give was or dates of serv Alda M. Mann 6119 Marty Overland I	Park
10	RD ARE	WENT	18. CAUSE OF DEATH (Enter only one cause per line to (e), (o), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Coronary Artery Disease	WEEN
11 12 <b>92-0</b> 13	THIS RECO	DOCUMENT	Conditions, if any, which gave rise to above cause (a), stating, the underlying cause last.  DUE TO (b)  Old Myocardial Infarction Extensive  Involving Entire Left Ventricular  DUE TO (c)	
I	ŏ		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female to the terminal disease condition given in PART I (a)	0 days.
	AMENDMENTS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.) PERFORMED? YES NO	nknown
× Q	AMEN		20c. TIME OF Houl Month, Day, Year INJURY a.m.	
CK INK			20d. INJURY OCCURRED  WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, with the AT WORK   50e. PLACE OF INJURY (e.g., in or about home, 20f. Cliff, Town, OR LOCATION 20f. Cl	ATE
BLACK OR RITER R	READ			
USE BLACY OR TYPEWRITER	QTINOHS	IT OF	Death occurred at (Degree or title)  22a: AIGNATURE  (Degree or title)  22b. ADDRESS  70 / E 6 3 1 < c mo . 5-18:	SIGNED
-	<b></b>	AFFIDAVIT	236. BURIAL REMATION, PROPERTY OF CREMATORY PROPERTY PR	
	ITEM NO.	BY A	24. FUNERAL DIRECTOR	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

working under my personal super	vision.		- 0 1
Student		Signed	Behan W Meeker
Signature of Stude	nt Embalmer		4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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